



14801 West Eight Mile Road | Detroit, Michigan 48235-1695
 (313) 341-7661 | (313) 341-1007 fax | www.mcadetroit.org

MEMBERSHIP APPLICATION

Date _____

The undersigned hereby makes application for membership in the MECHANICAL CONTRACTORS ASSOCIATION OF DETROIT, and, if elected, agrees to be governed by the Rules and Regulations and to abide by the Constitution and By-Laws of said Association now in effect, or, that may hereafter be enacted or amended. Annual local membership dues of \$300 will be billed in January of each year. A condition of membership in MCA Detroit is that all members must also belong to a recognized National Association of this Industry.

FULL COMPANY NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP + 4 _____

PHONE NO. _____ FAX NO. _____ WEB SITE _____

DATE ESTABLISHED _____ LICENSE NO. _____

Type of Company: Corporation Partnership Sole Proprietorship

DESIGNATED REPRESENTATIVES

PRINCIPAL - FULL NAME AND TITLE _____

CELL PHONE NO. _____ E-MAIL ADDRESS _____ SPOUSE'S NAME _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

PRINCIPAL - FULL NAME AND TITLE _____

CELL PHONE NO. _____ E-MAIL ADDRESS _____ SPOUSE'S NAME _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

KEY FINANCIAL PERSONNEL W/TITLE _____ CELL PHONE _____ E-MAIL ADDRESS _____

KEY SAFETY PERSONNEL W/TITLE _____ CELL PHONE _____ E-MAIL ADDRESS _____

KEY EDUCATION PERSONNEL W/TITLE (FOR TRAINING ANNOUNCEMENTS) _____ CELL PHONE _____ E-MAIL ADDRESS _____

OWNERS / PARTNERS / OFFICERS OF CORPORATION

NAME W/TITLE _____ E-MAIL ADDRESS _____

NAME W/TITLE _____ E-MAIL ADDRESS _____

ENDORSED BY (For MCA Detroit office use only. To be completed after receipt of application and approval by the board of directors.)

ENDORSER _____ COMPANY _____ DATE _____

ENDORSER _____ COMPANY _____ DATE _____

**Mail application to the attention of Cassandra Mudloff at:
 14801 West 8 Mile Rd - Detroit, MI 48235**

Date accepted _____